

Wisconsin Framework for Comprehensive School Health Programs: Case Studies in Progress

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Foreword

Preventing risk behaviors and helping students become caring, contributing, productive, and responsible citizens is an integral part of a school's overall mission. Research documents that healthy, positive young people are more successful learners. Education reform will not result in better academic performance unless such issues as violence, sexual activity that leads to negative consequences, alcohol and other drug abuse, hunger, and other concerns are addressed proactively as part of the school's overall agenda. Schools can call themselves truly successful when they achieve their dual mission of helping children achieve intellectually *and* apply their knowledge and skills to improving their communities.

In 1994 the Student Services/Prevention and Wellness Team in the Department of Public Instruction began promoting *Wisconsin's Framework for Comprehensive School Health Programs*, hoping to reduce risk behaviors that can interfere with students' health, well-being, and learning and to help them become caring, contributing, productive, and responsible citizens. Healthy, resilient, and successful learners is the primary goal of Comprehensive School Health Programs. The Framework was formulated with ongoing input from experienced educators and researchers to build on and enhance the state's current school health and prevention programs.

The Framework can help schools organize multiple strategies employed to promote positive youth development into six components. The components are: Healthy School Environment; Curriculum, Instruction, and Assessment; Pupil Services; Student Programs; Adult Programs; and Family and Community Connections. This multistrategy perspective is described in an earlier DPI publication, *Wisconsin's Framework for Comprehensive School Health Programs: An Integrated Approach*, which has been widely distributed to local district administrators, instructional and support staff, school boards, community partners, and preservice teachers. The Framework is a focus for staff development efforts of the Student Services/Prevention and Wellness Team.

This publication, *Wisconsin's Framework for Comprehensive School Health Programs: Case Studies in Progress*, was developed as a follow-up to the earlier one. It offers detailed descriptions of

some diverse school-community processes and strategies. It is intended to assist districts in their efforts to develop a comprehensive health and prevention program that meets local community needs as well as to document and celebrate statewide progress.

This publication features 12 districts—Alma, Beloit, Black River Falls, Brown Deer, Eau Claire, Grand Avenue Middle School (Milwaukee Public Schools), Hartford Union High School, Manitowoc, New Richmond, Wabeno, Washburn, and Westfield. Many additional school-communities could have been featured. However, after consultation with the department's Cooperative Educational Service Agency (CESA) partners, these 12 were selected because they exemplify diverse locations, sizes, urban-rural dimensions, student populations, forms of district organization, and emphasis on different strategies. Like the Framework itself, the programs in these districts are not models; they are meant to serve as detailed examples of processes and strategies that other districts may choose to adopt or adapt. All featured districts have made significant strides toward planning and implementing their local version of a Comprehensive School Health Program, while taking into account the people, issues, and resources in their own communities. All represent works in progress rather than finished products.

We extend our appreciation and congratulations to the thousands of dedicated administrators, instructional and support staff, community members, and students in Wisconsin who are engaged on a daily basis in the vital work of promoting the health, well-being, and positive development of young people. Examples in this publication represent a tiny fraction of this important work being done statewide. We are especially grateful to staff and community partners in the districts featured here because, in addition to working with dedication and persistence on their local Comprehensive School Health Programs, they generously took time to assist the Department in preparing this publication. We hope readers will be inspired by and learn from the collected experiences and wisdom of these dedicated people who are working so hard and well to improve the lives of young people across this state.

John T. Benson
State Superintendent

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Appreciation is also extended to Department of Public Instruction staff who contributed to the production of this document: Greg Doyle, Director, Education Information Services, Victoria Horn, graphics and formatting, Tammy Wylesky, printing, Jo Carlisle, Joan Meier, Mary Jo Venne, and Pam Ziarnik, Student Services/Prevention and Wellness Team program assistants.

Introduction

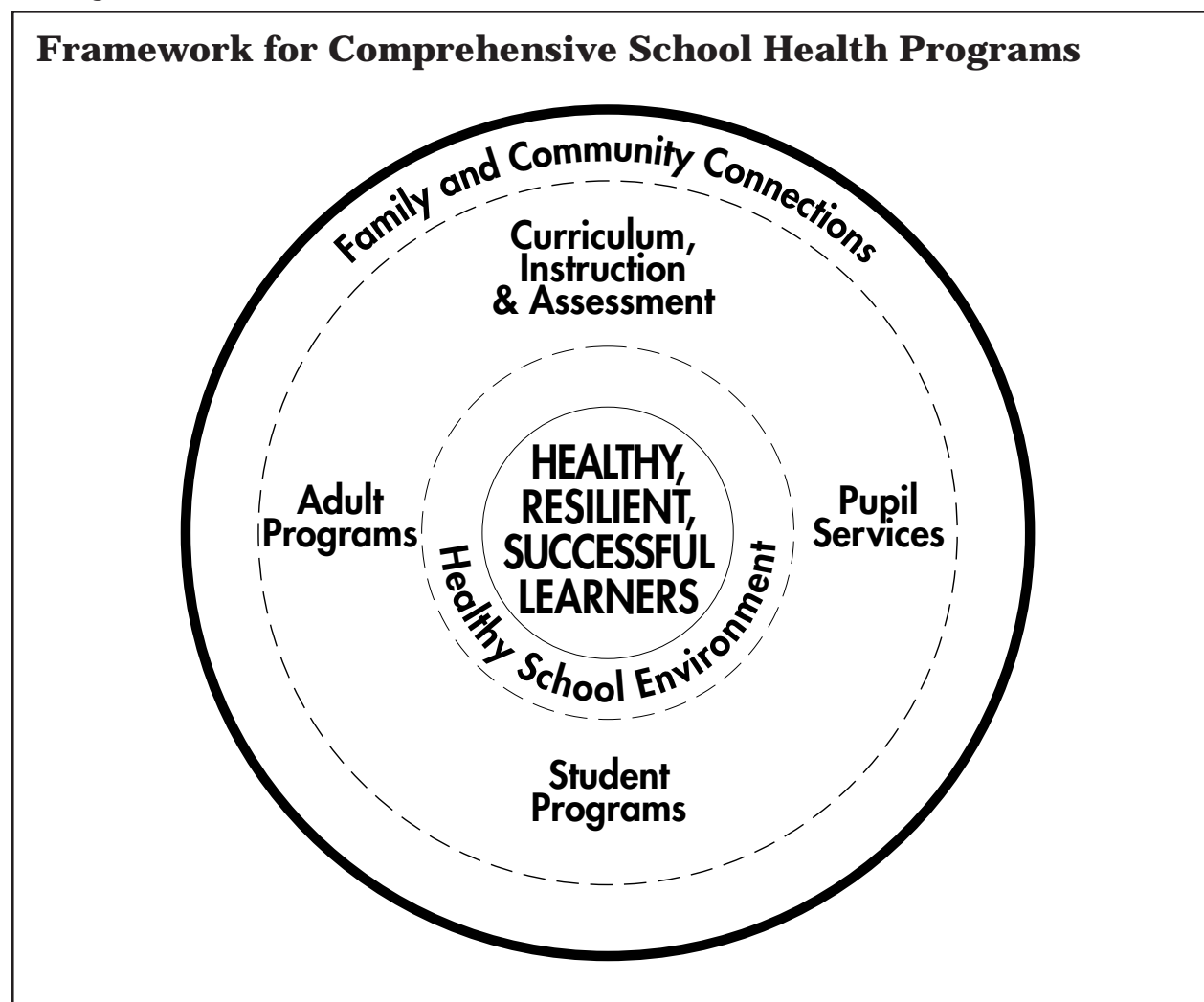
Wisconsin's Framework for Comprehensive School Health Programs is an integrated approach to reducing a range of youth risk behaviors and promoting the health, well-being, and academic success of young people. Based on empirical research and with input from experienced educators, the Framework has been promoted by the Student Services/Prevention and Wellness Team of the Department of Public Instruction since 1994. Its primary goal is healthy, resilient, and successful learners.

The Framework is a collection of empirically supported strategies that are most effective when

they are implemented in a comprehensive and integrated manner. The strategies are organized into six components that can reach students in all situations throughout their school careers (see Figure 1). These components are:

- Healthy School Environment
- Curriculum, Instruction, and Assessment
- Pupil Services
- Student Programs
- Adult Programs
- Family and Community Connections

Figure 1



An earlier publication, *Wisconsin's Framework for Comprehensive School Health Programs: An Integrated Approach*, describes these components in detail. This document, *Wisconsin's Framework for Comprehensive School Health Programs: Case Studies in Progress*, was designed as a companion piece. Readers will benefit most from this document if they are familiar with the previous one.

Another resource, a series of four Comprehensive School Health Program (CSHP) instruments, is available. Designed to be self-administered by a local collaborative school-community team, these instruments address the areas of a Comprehensive School Health Program: developmental readiness, content, component quality, and integration. They may be readministered over time to help evaluate progress.

The integrated, comprehensive approach embodied in these documents was intentionally called a *framework* and not a *model* because it does not prescribe a single process or set of strategies to be followed by all school-communities. Instead, the Framework is designed to encompass existing models and orientations without dictating any of them as primary. It is an organizational tool to help districts develop their own process and design their own system of strategies. Because of this, the Framework can be a vehicle for people who work from (and may be heavily invested in) different models and orientations to work together toward a mutual goal of healthy, resilient, and successful learners.

Many schools in Wisconsin are concerned with these issues and have long used multistrategy program models that address multiple youth risk behaviors. Over the past four years, many school-communities have made significant gains by using a variety of processes and strategies to develop and expand their unique versions of a Comprehensive School Health Program. The growing number that are successfully using the Framework in differing ways further reinforce the idea that no one process is better or even adequate in all school-communities across the state.

While people in local school-communities found the Framework useful as an organizer for their work, many had questions about the *specific processes* for implementing a multistrategy approach to preventing youth risk behaviors and promoting healthy behaviors and positive youth development. To help people in other school-communities understand how to implement the Framework (or their version of it), this publication provides detailed descriptions of the processes and strate-

gies used by 12 who have made significant progress toward a Comprehensive School Health Program. All have a long-term interest in prevention, a rich history of program development, and a sense of programs in process rather than "finished."

District Selection Criteria

School-communities included are:

- Alma School District
- School District of Beloit
- Black River Falls School District
- Brown Deer School District
- Eau Claire Area School District
- Grand Avenue Middle School (Milwaukee Public Schools)
- Hartford Union High School
- Manitowoc School District
- School District of New Richmond
- Washburn School District
- Wabeno Area School District
- School District of Westfield.

Many other school-communities have made such progress and might have been featured; these 12 were selected as representative of statewide progress with input from Cooperative Educational Service Agency (CESA) staff who work directly with districts in their regions. The feature districts differ in size, geography, rural-urban characteristics, student populations, forms of district organization, the strategies used. As is true with the Framework, these district programs are not intended to be models but detailed examples of work in process in a particular setting.

Data Collection

After the featured districts were selected, a contact person in each school-community was identified, typically someone with a leadership role in CSHP development. Data were gathered via a preliminary questionnaire sent to the contact person; on-site interviews with relevant school staff, community members, and students in the spring and fall of 1996; examination of relevant documents such as strategic plans, grant applications, program descriptions, and curricular materials; and follow-up phone interviews. An initial draft was completed and the school or district contact person and, in many cases, relevant staff such as

administrators and others involved in the program, reviewed and approved the chapter. In short, every effort was made to ensure that each chapter accurately reflects the context, process, and strategies of local school-communities. However, it should be noted that program descriptions represent the perspectives of key staff and community members, and it is possible that a given program would be perceived and described somewhat differently from other points of view.

Guiding Principles

Although each of the featured districts has a different version of a Comprehensive School Health Program using different processes and implementation strategies, they have in common a set of principles upon which the Framework was originally developed. To varying degrees, these principles have guided program development and are woven into descriptions of the 12 districts featured here. These principles are:

- All young people, regardless of risk status, are capable of becoming healthy, resilient, and successful learners.
- Youth are not the problem but must be part of the solution.
- The four orientations of prevention, health, resiliency, and youth development all have value and are compatible.
- Health promotion, youth development, and prevention of risk behaviors are integral parts of a school's approach to education.
- Families are the primary prevention and youth development agents for their children.
- Learning from research and practice is crucial.
- Collaboration and teams are important to a comprehensive continuum of services, because meeting the needs of children requires the combined capacity of all segments of society.
- Integration of funding, programs, and services contributes to effective collaboration and efficient delivery of education to children and families.
- Services and instruction should be culturally competent and help ensure educational equity.
- Assessments of a system's strengths and needs should drive programs that are continuously evaluated and accountable to stakeholders.

Factors Contributing to Success

In addition to sharing some fundamental principles, each district has developed a coordinated program that uses many strategies to address a range of risk behaviors across all components of the framework. Some school-communities such as Black River Falls, Eau Claire, Manitowoc, and Washburn systematically used the Framework over time as an “organizer” for their action plans. Some have emphasized one component over another, but all have made an effort to address all six Framework components.

Several broad factors emerge as central themes in the progress of these 12 school-communities. All were influential to some degree in all school-communities and are not necessarily discussed in order of importance. They include:

- district leadership
- family and other community partnerships
- inclusion of CSHP in districtwide strategic planning
- funding support
- staff development and technical support
- starting with a limited focus
- needs/assets assessment
- focus on integrated curriculum

District Leadership

Passionate, hard-working, and dedicated school staff and community partners in a variety of roles (Alcohol and Other Drug Abuse coordinators, Health Education coordinators, Pupil Services staff, teachers, administrators, school board members, and so forth) have played a leadership role in developing and sustaining Comprehensive School Health Programs. In about half the districts, Pupil Services staff provided this leadership; in many cases, guidance counselors or social workers are also the designated Alcohol and Other Drug Abuse (AODA) coordinator. Administrators, especially those who understand the connection between Comprehensive School Health Programs and student academic achievement, played a significant role in making these programs a high priority in the overall district agenda. In some cases, building principals also serve as the AODA Coordinator. Regardless of their role, successful leaders demonstrated a highly developed ability to motivate, actively involve, and share program ownership with others in the school and community.

Family and Other Community Partnerships

Family and community involvement in program direction was significant across all school-communities, with partnerships taking a variety of forms.

Community coalitions such as Prevention Plus in Brown Deer, the Wellness Promotion Project at Grand Avenue Middle School, the Prevention Consortium in Manitowoc, and the Healthy Community/Healthy Youth Team in New Richmond

Countywide prevention partnerships such as Buffalo County Partnership Council in Alma, Together for Jackson County Kids in Black River Falls, and Washington County Alliance at Hartford Union High School District

School-community advisory councils such as the 20-member School-Community Advisory Council in Eau Claire and the Prevention Issues Advisory Committee in Wabeno

School-community dialogue such as the Family and Community Town Suppers (FACTS) in Alma and Beloit

Inclusion of CSHP in Districtwide Strategic Planning

Many districts engaged in a communitywide strategic planning process to articulate the belief statements that underpin their districtwide goals and strategies. In the process of school-community dialogue, health, wellness, and prevention issues emerged in several districts as important aspects of the school's mission, goals, and/or strategies. Furthermore, consolidated planning for federal allocations to districts under the Improving America's Schools Act (IASA) resulted in prevention programs occupying a more prominent place in the overall district agenda in such school-communities as Alma, Beloit, Black River Falls, Brown Deer, Eau Claire, Hartford Union High School, New Richmond, and Washburn.

Funding Support

Title IV, the Federal Safe and Drug Free Schools and Communities Act (SDFSCA) entitlements, played a major role in the progress made by these school-communities. These funds were administered by the DPI and made available through the IASA consolidated and individual applications as well as CESA consortiums. Both the DPI and

CESAs encouraged local school-communities to use categorical Title IV funds to support broader programs and fostered local understanding that youth risk behaviors are interconnected and linked to school performance.

Competitive State AOD Program Grants also played a significant role in program development. They were used to systematically work on Framework components in Beloit, Black River Falls, Brown Deer, Eau Claire, Hartford Union High School, Manitowoc, Wabeno, and Westfield. Similarly, other competitive grants, including Alcohol and Traffic Safety, After School/Summer School, Families and Schools Together (FAST), and Student Mini-Grants, were used in many school-communities to support specific Framework components. Application forms for State AOD Program Grants were restructured around the Framework components, which helped to encourage most of the featured districts to develop more comprehensive and integrated programs.

Grants written or administered by CESAs also contributed greatly to the progress made by several districts. These included Project Validation (CESA 4) in Black River Falls, School Health Curriculum Integration Project (CESA 5) in Westfield, Safe and Drug Free Schools and Communities Act Consortium (CESA 8) in Wabeno, Integrated Youth Development (CESA 11) in New Richmond, and Integrated Youth Development (CESA 12) in Washburn.

Staff Development and Technical Support

The DPI has provided ongoing leadership, staff development, and technical support that contributed to school-community progress. In 1994, the first major statewide staff development event related to the Framework was attended by 17 local teams (including Manitowoc), CESA staff, and representatives from various state agencies. With the subsequent publication of *Wisconsin's Framework for Comprehensive School Health Programs* and needs-assessment checklists, an integrated, comprehensive approach has been a focus for the Student Services/Prevention and Wellness Team staff development efforts.

Similar forms of staff development and technical support from CESAs were significant in these school-communities. Some examples include:

- helping prepare local district trainers for prevention programs such as *Tribes* and *Here's Looking at You 2000* in Beloit (CESA 2);

- sharing resources and information in Brown Deer and Grand Avenue Middle School (CESA 1) and in Wabeno (CESA 8);
- promoting curriculum integration in Alma and Black River Falls (CESA 4) and in Westfield (CESA 5);
- coordinating efforts of the K-8 districts served by Hartford Union High School (CESA 6); and
- staff development on resiliency, asset-building, and other youth development issues in New Richmond (CESA 11) and in Washburn (CESA 12).

Needs/Assets Assessment

Local and countywide assessment of youth needs and risk behaviors, the community's developmental assets, and/or program gaps played a major role in galvanizing collaboration among schools, families, and communities and in subsequent program development in several districts. For example, youth risk behaviors and developmental assets were surveyed using the 1997 Youth Risk Behavior Survey and the Search Institute Youth Survey-Attitudes and Behaviors in Beloit, the Search Institute Survey in Eau Claire and New Richmond, and a locally developed youth risk behavior survey in Brown Deer. Curriculum and program needs were systematically evaluated using a variety of instruments in Alma, Black River Falls, Eau Claire, Grand Avenue Middle School in Milwaukee, Manitowoc, and Westfield.

Starting with a Narrow Focus, Becoming More Comprehensive

Many school-communities represented here focused initially on a single youth risk behavior (often alcohol and other drug use because categorical funds were readily available in this area) and focused their prevention curriculum and student cocurricular programs around it. Later, with encouragement to think about the ways youth risk behaviors are interconnected, this focus became more comprehensive. Similarly, some districts focused initially on one component of the Framework (often Curriculum, Instruction, and Assess-

ment or Student Programs) and then expanded their efforts to other components.

Focus on Integrated Curriculum

All these school-communities made curriculum a key aspect of program development. In addition to addressing health, wellness, and prevention issues in specific required classes at various grade levels (for example the Freshman and Junior Seminars at Hartford Union High School), these school-communities have integrated and connected such issues to many K-12 curricular areas. For instance, in New Richmond, asset-building and resiliency are visible themes from the developmental guidance curriculum at the elementary and middle schools to ninth-grade English (where students analyze a character in *Romeo and Juliet* on the basis of assets and discuss how the outcome might have been different with additional assets) to high school Spanish (where a Spanish version of the asset checklist is used). In Westfield, a districtwide Comprehensive School Health Curriculum Team representing different grade levels or specialties developed, piloted, and is using teacher input to revise an integrated K-12 prevention education curriculum. At Grand Avenue Middle School in Milwaukee, an action research team provided leadership for developing, integrating, and assessing the impact of health instruction into the overall curriculum of its six Families (interdisciplinary staff teams that work with multi-age students in integrated, thematic instruction) and Advisor/Advisee Groups. In most featured school-communities, trained peer educators play an important role in delivering some aspect of the prevention curriculum.

These broad themes can help organize the details of school-community efforts that are visible in the upcoming chapters. In addition, the specific planning processes, assessment tools, implementation strategies, curricular materials, and other resources used in these featured school communities can hopefully assist other educators and community partners to further their local version of a Comprehensive School Health Program.